



LEVEL OF CARE GUIDELINES: TELEMENTAL HEALTH

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INTRODUCTION

The *Level of Care Guidelines* is a set of objective and evidence-based behavioral health criteria used by medical necessity plans to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing¹ for behavioral health benefit plans that are managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”).

The *Level of Care Guidelines* is derived from generally accepted standards of behavioral health practice. These standards include guidelines and consensus statements produced by professional specialty societies, as well as guidance from governmental sources such as CMS’ National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). The *Level of Care Guidelines* is also derived from input provided by clinical personnel, providers, professional specialty societies, consumers, and regulators.

For more information on guiding principles for the *Level of Care Guidelines* and their development, approval, dissemination, and use, please see the *Introduction to the Level of Care Guidelines*, available at: www.providerexpress.com > Clinical Resources > Level of Care Guidelines.

Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.

GUIDELINES: TELEMENTAL HEALTH

Telemental Health: *Telemental Health services are behavioral health services provided by a qualified behavioral health professional from a distant site equipped with a secure two-way, real time interactive telecommunication system to a member in a qualifying originating site.*

The course of treatment provided via Telemental Health is focused on addressing the factors that precipitated admission (e.g., changes in the member’s signs and symptoms, psychosocial and environmental factors, or level of functioning) to the point that the factors that precipitated admission no longer require treatment.

¹ The terms “recovery” and “resiliency” are used throughout the Level of Care Guidelines. SAMHSA defines “recovery” as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA defines “resilience” as the ability to adapt well over time to life-changing situations and stressful conditions. The American Society of Addiction Medicine defines “recovery” as a process of overcoming both physical and psychological dependence on a psychoactive substance, with a commitment to sobriety, and also refers to the overall goal of helping a patient to achieve overall health and well-being.

Telemental Health Admission Criteria

- see “Common Criteria and Best Practices for All Levels of Care”:
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
AND
- The member is not in imminent or current risk of harm to self, others, and/or property.
AND
- Acute changes in the member’s signs and symptoms, and/or psychosocial and environmental factors (i.e., the factors leading to admission) have occurred, and the member’s current condition can be safely, efficiently, and effectively assessed and/or treated in this setting.
AND
- A secure, two-way, real-time interactive telecommunication system is available to facilitate interaction between the member and the provider.

Telemental Health Continued Service Criteria

- see “Common Criteria and Best Practices for All Levels of Care”:
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

Telemental Health Discharge Planning and Criteria

- see “Common Criteria and Best Practices for All Levels of Care”:
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

Telemental Health Clinical Best Practices

- see “Common Criteria and Best Practices for All Levels of Care”:
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
- Asynchronous store and forward technologies (i.e., the transmission of a member’s clinical record, lab results, or other clinical information from an originating site to the physician or practitioner at the distant site) is not considered part of the standard of care for telemental health.
- The following are not considered telemental health because they don’t utilize a secure two-way, real-time interactive telecommunication system:
 - Phone-based services, including phone counseling, email, texting, voicemail, or facsimile;
 - Remote medical monitoring devices;
 - Virtual reality devices;
 - Internet-based services, including internet-based phone calls.
- A qualified provider at the distant site is licensed in the state where the member resides.
- Delivery of group and family psychotherapy to members at different locations (i.e., multipoint videoconferencing) may be covered when all members are in the state where the provider is licensed, and all locations provide secure two-way, real-time interactive telecommunication systems.
 - Group or family psychotherapy which is co-led by providers at different sites is not part of the standard of care.
- Services are delivered in a manner consistent with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy and security regulations and standards.
- The frequency and duration of outpatient visits allows for safe, efficient, and effective achievement of treatment goals, and supports the member’s recovery and resiliency. Initially, the frequency of visits varies from weekly in routine cases to several times a week. As the member’s functional status improves, the frequency of visits decreases to meet the member’s current needs and treatment goals. Factors that may impact frequency and duration including:
 - The goals of treatment;
 - The member’s preferences;
 - Evidence from clinical best practices which supports frequency and duration;
 - The need to monitor and manage imminent risk of harm to self, others, and/or property.
- The provider informs the member of the process to be followed in the event of an after-hours emergency, such as the availability of on-call services. The process is not solely reliant on the Emergency Room.

REFERENCES

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<https://www.law.cornell.edu/cfr/text/42/410.78>

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HISTORY/REVISION INFORMATION

Date	Action/Description
01/10/2017	<ul style="list-style-type: none">Version 1 (Approved by UMC)
02/07/2018	<ul style="list-style-type: none">Version 2 (Approved by UMC)